

<i>SERFF Tracking Number:</i>	<i>USLH-127618811</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>49743</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>AR-AUTSPECDISORDERS</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Certificate Amendment - Autism Spectrum Disorders</i>		
<i>Project Name/Number:</i>	<i>Certificate Amendment - Autism Spectrum Disorders/</i>		

## Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certificate Amendment - Autism SERFF Tr Num: USLH-127618811 State: Arkansas  
Spectrum Disorders

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 49743  
Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: AR- State Status: Approved-Closed  
AUTSPECDISORDERS

Filing Type: Form

Reviewer(s): Rosalind Minor  
Author: Jaime Gettemans  
Disposition Date: 09/13/2011  
Date Submitted: 09/08/2011  
Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: Certificate Amendment - Autism Spectrum Disorders

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary

Filing Status Changed: 09/13/2011

State Status Changed: 09/13/2011

Created By: Jaime Gettemans

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see the attached Cover Letter submitted under the Supporting Documents tab for a detailed filing description

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Jaime Gettemans

## Company and Contact

SERFF Tracking Number: USLH-127618811 State: Arkansas  
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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Certificate Amendment - Autism Spectrum Disorders  
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### Filing Contact Information

Jaime Gettemans, jaimegettemans@jandpholdings.com  
6640 S. Cicero Avenue 708-552-2417 [Phone]  
Bedford Park, IL 60638

### Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois  
Company  
6640 S. Cicero Group Code:  
Bedford Park, IL 60638 Group Name: Company Type:  
(708) 475-6000 ext. [Phone] FEIN Number: 36-3692140  
State ID Number:

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### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Regulation 57 - \$50 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	09/08/2011	51389109

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/13/2011	09/13/2011

*SERFF Tracking Number:* USLH-127618811 *State:* Arkansas  
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*Product Name:* Certificate Amendment - Autism Spectrum Disorders  
*Project Name/Number:* Certificate Amendment - Autism Spectrum Disorders/

## Disposition

Disposition Date: 09/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLH-127618811 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Certificate Amendment - Autism Spectrum Disorders	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/13/2011	AR-AUTSPECDISORDERS	Certificate Amendmen	Certificate Amendment - Autism Spectrum Disorders	Initial			AR-AUTSPECDISORDERS.pdf
		t, Insert Page, Endorsement or Rider					

## Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

### Additions to the Certificate:

(I) The following is hereby added to the **DEFINITIONS** section of the Certificate:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a board-certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior;

"Autism services provider" means a person, entity, or group that provides diagnostic evaluations and treatment of autism spectrum disorders, including licensed physicians, licensed psychiatrists, licensed speech therapists, licensed occupational therapists, licensed physical therapists, licensed psychologists, and board-certified behavior analysts;

"Autism spectrum disorder" means any of the pervasive developmental disorders as defined by the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders", including:

- (A) Autistic disorder;
- (B) Asperger's disorder; and
- (C) Pervasive developmental disorder not otherwise specified;

"Board-certified behavior analyst" means an individual certified by the nationally accredited Behavior Analyst Certification Board, a nationally accredited nongovernmental agency that certifies individuals who have completed academic, examination, training, and supervision requirements in applied behavior analysis;

"Diagnosis" means medically necessary assessment, evaluations, or tests to diagnose whether or not an individual has an autism spectrum disorder.

- Diagnostic evaluations do not need to be completed concurrently to diagnosis autism spectrum disorder;

"Evidence-based treatment" means treatment subject to research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to autism spectrum disorders;

"Medically necessary" means reasonably expected to do the following:

- (A) Prevent the onset of an illness, condition, injury, or disability;
- (B) Reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability; or
- (C) Assist to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and the functional capacities that are appropriate for individuals of the same age;

"Pharmacy care" means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications;

"Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

"Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

"Therapeutic care" means services provided by licensed speech therapists, occupational therapists, or physical therapists; and

"Treatment" includes:

- (A) The following care prescribed, provided, or ordered for a specific individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary and evidence-based including without limitation:
  - (i) Applied behavior analysis when provided by or supervised by a Board Certified Behavior Analyst;
  - (ii) Pharmacy care;
  - (iii) Psychiatric care;
  - (iv) Psychological care;
  - (v) Therapeutic care; and
  - (vi) Equipment determined necessary to provide evidence-based treatment; and
- (B) Any care for an individual with autism spectrum disorder that is determined by a licensed physician to be:
  - (i) Medically necessary; and
  - (ii) Evidence-based.

(II) The following is hereby added to the **ELIGIBLE EXPENSE** section of the Certificate:

**Applied behavior analysis services** shall:

- Have an annual limitation of fifty thousand dollars (\$50,000); and
- Be limited to children under eighteen (18) years of age.

The coverage required by this section is not subject to:

- Any limits on the number of visits an individual may make to an autism services provider; or

Coverage for treatment under this section shall not be denied on the basis that the treatment is habilitative in nature.

If an individual is receiving treatment for an autism spectrum disorder, an insurer shall not request a review of the medical necessity of the treatment for autism spectrum disorder to a greater extent than it does for other illnesses covered in the policy.

- The cost of obtaining the review shall be borne by the insurer.

On and after January 1, 2014:

- To the extent that this section requires benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified essential health benefits shall not be required of a health benefit plan when the plan is offered by a health care insurer in this state through the state medical exchange; and
- This section continues to apply to plans offered outside the state medical exchange.

The Amendment takes effect on October 1, 2011. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company

A handwritten signature in black ink, appearing to read "Robert M. Jones". The signature is stylized with a large initial "R" and a long, sweeping underline.

Secretary

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please find attached the Flesch Certification for this filing. <b>Attachment:</b> 9.8.11 - Flesch Certification (AR-AUTSPECDISORDERS).pdf	Approved-Closed	09/13/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Does not apply. <b>Comments:</b>	Approved-Closed	09/13/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Does not apply. <b>Comments:</b>	Approved-Closed	09/13/2011

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> Please find attached the Cover Letter that contains a detailed filing description for this filing. <b>Attachment:</b> 9.8.11 - AR Cover Letter (AR-AUTSPECDISORDERS).pdf	Approved-Closed	09/13/2011



# UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

## FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (AR-AUTSPECDISORDERS) received a Flesch Reading Ease Score of 39.6. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial  
Vice President/Secretary

9/8/2011

Date

September 8, 2011

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #: 36-3692140 / NAIC #: 81108

AR-AUTSPECDISORDERS - Certificate Amendment – Autism  
Spectrum Disorder

**THERE IS NOT AN APPLICABLE CHECKLIST AVAILABLE FOR THIS TYPE OF  
FILING**

To Whom It May Concern:

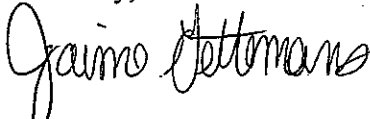
The enclosed form is being submitted for your review and approval. In order to be compliant with AR ST 23-99-418, this form adds Autism Spectrum Disorders as a benefit in Group Certificates ABC-2008ADCAR, ABC-2008PRPAR, ABC-2008APXAR, and ABC-90.

Once approved, this form will be effective on all new business issued or existing business renewed on or after October 1, 2011 for Group Certificates ABC-2008ADCAR, ABC-2008PRPAR, ABC-2008APXAR, and ABC-90.

Also, once approved, this form will be mailed to all active Certificate Holders.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of this form. You may reach me directly at (708) 552-2417.

Sincerely,



Jaime Gettemans  
Compliance Department  
jaimegettemans@prisicorp.net

*Quality Products from Caring Professionals*